

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF PUERTO RICO

IN THE MATTER OF

JIM COLON CARRASQUILLO  
Petitioner (s)

CASE NO: 17-04199 BKT

CHAPTER 13

**APPLICATION FOR AMENDMENT OF SCHEDULE I AND STATEMENT OF  
PURPOSE**

TO THE HONORABLE COURT:

Debtor(s) in the above captioned case hereby AMENDS Schedule I attached, for those originally filed, pursuant to R. Bankr.P.1009.

1. On June 12<sup>th</sup>, 2017, debtor(s) his Voluntary Petition under 11 U.S.C of Chapter 13 of the Bankruptcy Court (docket #1.)
2. The purpose of this amendment is to clarify that debtor is still working with American Technology System and to provide in line #13 that debtor will stop receiving income from this job in August 2017 and will start to receive new income at Servicios Tecnologicos del Caribe in September. A new schedule I will be file once debtor start receiving income from Servicios Tecnologicos del Caribe.
3. Debtor wish to amend Schedule I.

Wherefore, Debtor pray for the approval of this amendment.

**CERTIFICATE OF SERVICE:** I hereby certify that on this same date I have electronically filed Application for Amendment to List of Creditors, with the Clerk of the Court using the CM/ECF System which notifications of such filings to registered parties, the US Trustee, Mrs. Monsita Lecaroz, Esq. [ustpreion21.hr.ecf@usdoj.gov](mailto:ustpreion21.hr.ecf@usdoj.gov); and to Chapter 13 Standing Trustee, Mr. Alejandro Oliveras, Esq. I further certify that I have served copy of this document there of in the US Mail to non CM/ECF participants, and to all parties in interest as per the attached master address list, copy of which is attached to this document.

RESPECTFULLY SUBMITTED

In Juncos, Puerto Rico, this 21<sup>st</sup> of July of 2017.

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ELECTRONICALLY FILED  
S/ Adela L Torruella,  
USDC- PR 200203

Fill in this information to identify your case:

Debtor 1 JIM COLON CARRASQUILLO

Debtor 2  
(Spouse, if filing) \_\_\_\_\_

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO

Case number 17-04199  
(if known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

		Debtor 1	Debtor 2 or non-filing spouse
<b>1. Fill in your employment information.</b>  If you have more than one job, attach a separate page with information about additional employers.  Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.	<b>Employment status*</b>	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input type="checkbox"/> Not employed
	<b>Occupation</b>	<u>TECHNICIAN</u>	
	<b>Employer's name</b>	<u>AMERICAN TECHNOLOGY SYSTEM</u>	
	<b>Employer's address</b>	<u>PO BOX 789 PMB 516</u> <u>Caguas, PR 00726</u>	
	<b>How long employed there?</b>	<u>5 YEARS</u>	

\*See Attachment for Additional Employment Information

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
<b>2. List monthly gross wages, salary, and commissions</b> (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$ <u>2,000.00</u>	\$ <u>N/A</u>
<b>3. Estimate and list monthly overtime pay.</b>	+\$ <u>0.00</u>	+\$ <u>N/A</u>
<b>4. Calculate gross income.</b> Add line 2 + line 3.	\$ <u>2,000.00</u>	\$ <u>N/A</u>

Debtor 1 **JIM COLON CARRASQUILLO**

Case number (if known) **17-04199**

	For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here	\$ 2,000.00	N/A	
<b>5. List all payroll deductions:</b>			
5a. Tax, Medicare, and Social Security deductions	\$ 327.17	N/A	
5b. Mandatory contributions for retirement plans	\$ 0.00	N/A	
5c. Voluntary contributions for retirement plans	\$ 0.00	N/A	
5d. Required repayments of retirement fund loans	\$ 0.00	N/A	
5e. Insurance	\$ 0.00	N/A	
5f. Domestic support obligations	\$ 0.00	N/A	
5g. Union dues	\$ 0.00	N/A	
5h. Other deductions. Specify:	\$ 0.00	N/A	
<b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	\$ 327.17	N/A	
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	\$ 1,672.83	N/A	
<b>8. List all other income regularly received:</b>			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	\$ 0.00	N/A	
8b. Interest and dividends	\$ 0.00	N/A	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	\$ 0.00	N/A	
8d. Unemployment compensation	\$ 0.00	N/A	
8e. Social Security	\$ 0.00	N/A	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	\$ 0.00	N/A	
8g. Pension or retirement income	\$ 0.00	N/A	
8h. Other monthly income. Specify:	\$ 0.00	N/A	
<b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	\$ 0.00	N/A	
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	\$ 1,672.83	N/A	\$ 1,672.83
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:			11. +\$ 0.00
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies			12. \$ 1,672.83 Combined monthly income
<b>13. Do you expect an increase or decrease within the year after you file this form?</b> <input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Explain:	DEBTOR WILL STOP RECEIVING INCOME FROM AMERICAN TECHNOLOGY SYSTEM IN AUGUST DUE TO CORPOTATION CLOSING. HE WILL START RECEIVING NEW INCOME FROM SERVICIOS TECNOLOGICOS DEL CARIBE IN SEPTEMBER. SCHEDULE I WILL BE AMENDED TO REFLECT THIS CHANGE ONCE INCOME IS BEING RECEIVED.		

Debtor 1 **JIM COLON CARRASQUILLO**

Case number (if known) **17-04199**

**Official Form B 6I**  
**Attachment for Additional Employment Information**

<b>Debtor</b>	
Occupation	<b>TECHNICIAN</b>
Name of Employer	<b>SERVICIOS TECNOLOGICOS DEL CARIBE</b>
How long employed	<b>2 YEARS</b>
Address of Employer	<b>URB SANTAN JUANA 2 CALLE 15-N #6 Caguas, PR 00725</b>

Fill in this information to identify your case:

Debtor 1 **JIM COLON CARRASQUILLO**  
First Name Middle Name Last Name

Debtor 2  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF PUERTO RICO**

Case number **17-04199**  
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

## Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ JIM COLON CARRASQUILLO  
**JIM COLON CARRASQUILLO**  
Signature of Debtor 1

X \_\_\_\_\_  
Signature of Debtor 2

Date July 21, 2017

Date \_\_\_\_\_

JIM COLON CARRASQUILLO  
BUZON 478  
URB BORINQUEN VALLEY II  
CAGUAS, PR 00726

ORIENTAL  
PO BOX 195115  
SAN JUAN, PR 00919-5115

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PO BOX 364745  
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BEST BUY  
PO BOX 790443  
ST LOUIS, MO 63179

RELIABLE FINANCIAL  
PO BOX 21382  
SAN JUAN, PR 00928-1382

BEST BUY  
PO BOX 6204  
SIOUX FALLS, SD 57117-6204

ROOMS TO GO  
PO BOX 60107  
CITY OF INDUSTRY, CA 91716

BPPR  
PO BOX 362708  
SAN JUAN, PR 00936-2708

SAMS CLUB/SYNCHRONY BANK  
PO BOX 965060  
ORLANDO, FL 32896-5060

HOME DEPOT  
PO BOX 790393  
ST LOUIS, MO 63179

SEARS  
PO BOX 6286  
SIOUX FALLS, SD 57117

IRS  
PO BOX 7346  
PHILADELPHIA, PA 19101-7346

ISLAND FINANCE  
PO BOX 195369  
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